

Giving United means you have a partner that makes sure your gift is watched over, so you'll know that it is being used to change lives, and our community for the better!

GIVE. ADVOCATE. VOLUNTEER.

www.unitedway-cny.org

United Way  
of Central New York



Make a Difference for  
a family... a neighbor  
... a child.



# LIVE UNITED

Some examples of how you have helped:

**EDUCATION**  
Helping community members to achieve their full potential.

4,822 Young children and teens participate in mentoring programs.

**HEALTH**  
Improving people's overall well-being.

3,385 Seniors receive assistance allowing them to remain independent and healthy.

**INCOME**  
Promoting financial stability and economic self-sufficiency.

160 Youth and adults with vision/hearing loss receive job readiness skills necessary to become competitively employed.

Providing support services to meet basic community needs.

658,283 Meals to be served to those in need community-wide.

**SPECIAL REQUESTS** Complete this section **ONLY** if you wish to designate your gift or exclude an agency from your gift. We ask donors to make special requests at the time of their pledge. Special request donors must also complete the front of this form.

Please consider at least making half of your donation a gift to the whole community through United Way.

Portion of my total gift given to United Way: \$ \_\_\_\_\_

Portion of my total gift designated to the eligible\* organization below \$ \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agencies are sent the names of donors who designate their gifts only if United Way receives this information from employers. Donors may request to make their designated gift anonymously.

**Check Here** if you do **NOT** wish us to send your name to the above agency.

I wish to exclude\*\* this United Way agency from my gift: \_\_\_\_\_

\* ELIGIBLE ORGANIZATIONS include: Other United Ways and 501(c)(3) health and human service organizations located in New York State or where the donor resides. Agencies must comply with the Federal Patriot Act to receive funding.

\*\* EXCLUSION When donors ask to exclude an agency from their gift, the actual amount withheld is calculated on a pro-rated basis. United Way modifies allocations when total exclusions to an agency reach 5 percent or more of their total allocations.

Gifts to United Way agencies are treated as the "first dollars" toward an agency's annual allocation. United Way supplements these dollars with funds given directly to United Way to complete the agency's total annual allocation. In the event that designated gifts exceed the agency's annual United Way allocation, the agency will receive this larger amount. Designated gifts to agencies outside our funding system are sent quarterly from actual funds received.

FINANCIAL ACCOUNTABILITY Donors are welcome to request detailed financial information about United Way. Copies of this information are available from us: United Way of Central New York, 518 James Street, P.O. Box 2129, Syracuse, NY 13220, 315-428-2211, www.unitedway-cny.org; or from the New York State Attorney General's Charities Bureau, Attn: FOIL Officer 120 Broadway, New York, NY 10271.

Your gift to United Way is the most effective and efficient way to support a network of services that build our community by staying in our community. **LIVE UNITED.**

**1** Decide if you will take the Step Up Challenge\* and PICK YOUR PRIZE CATEGORY!

**Yes!** I will take the Step Up Challenge by increasing my gift by \$1 per week. (choose only one prize)

**1** Dream Card

\$3,000 debit card to use for anything your heart desires *donated by* NBT Bank.

**2** Fill Your Fridge

\$3,000 gift card good for food and merchandise at any store location *donated by* Wegmans.

**3** Home Makeover

\$3,000 in furnishings for any room in your home *donated by* Raymour & Flanigan Furniture.

**4** Dream Vacation

\$4,000 toward the vacation of your dreams *donated by* SRC, Inc. & BTI Travel Consultants.

ALL PRIZES ARE DONATED

**2** Indicate the amount of your gift and your payment method. **Total annual gift: \$** \_\_\_\_\_

Pledge per pay period: \$ \_\_\_\_\_

**PAYMENT METHOD (choose one)**

- Payroll Deduction OR  Payments OR  Give Now
- I am paid:
- Weekly
  - Bi-weekly
  - Twice a month
  - Monthly
- Bill me
- Debit/Credit Card
- Frequency
- Monthly
  - Quarterly
  - On this date: \_\_\_\_\_
- Cash
- Debit/Credit Card
- Securities
- Check (to United Way of CNY)

**LEADERSHIP GIVING please include me in:**

- Hamilton White Society  
*(annual gifts of \$1,000 or more)*
- OPTIONAL FOR HAMILTON WHITE ONLY
- Combine my gift with that of my spouse/partner
- Spouse name: \_\_\_\_\_
- Spouse employer: \_\_\_\_\_
- 500 Club *(annual gifts of \$500 - \$999)*

Debit/Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVC \_\_\_\_\_

\* We must have your billing address below to process debit/credit card transactions.

**3** Complete your donor information. *This information will not be shared. Please print.*

- 1) First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_
- 2) Home Address \_\_\_\_\_
- 3) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
- 4) Employer \_\_\_\_\_
- 5) Member of organized labor - Local \_\_\_\_\_
- 6) Home Email \_\_\_\_\_

Please tell us the first year you gave to United Way in any city (to the best of your knowledge) \_\_\_\_\_

**4** Choose where to invest your gift. *Choose one of these three options.*

- I wish to invest in all United Way funds and initiatives.
- OR
- I wish to have United Way invest my gift in the selected Focus Area(s) checked below:
- OR  Education  Income  Health  Safety Net
- I wish to designate my gift. (Complete the Special Request section on the back of this form)

**LIVE UNITED**



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\*Donation not required to enter. Alternative entry available on our website, UnitedWay-CNY.org

**5** Sign and date your pledge.

United Way has not provided any goods or services in exchange for this gift.

Signature required for all pledges

Date

**Thank you!**